

Chemical Threat Analysis Submission Form

(Revision 12/5/2019)

IDAHO BUREAU OF LABORATORIES

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COMPLETE ALL INFORMATION

Submitter Name:		Date:	 IDAHO DEPARTMENT OF HEALTH & WELFARE LABORATORY USE ONLY: LIMS ID #1
Submitter Organization:			
Mailing Address:			
City, State, Zip:			
Tel:	Fax:	Email:	

CHECK ANALYSIS TO BE DONE: Other: _____

IN BLOOD <input type="checkbox"/> Cyanide <input type="checkbox"/> Metals (Cd, Hg, Pb) <input type="checkbox"/> Volatile Organic Compounds (VOC)	IN URINE <input type="checkbox"/> Abrine/Ricinine <input type="checkbox"/> HNPA <input type="checkbox"/> Tetramine	IN URINE <input type="checkbox"/> Metals (As, Ba, Be, Cd, Pb, Se, Tl, U) <input type="checkbox"/> Nerve Agents (GB, GD, GF, rVX, VX acids), <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> Unknown, <input type="checkbox"/> Solid <input type="checkbox"/> Liquid
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BLOOD COLLECTION: For metals and cyanide, blood must be collected in a purple-top (EDTA coated) vacutainer tube; for VOC, use a gray-top (fluoride/oxalate coated) or green-top (heparin coated) vacutainer tube. A minimum of one 4 ml tube is required. Draw blood through a stainless steel needle. Include two empty tubes per lot number used. Store and transport specimens at 4°C.

URINE COLLECTION: Collect 25-50 mL patient urine in plastic urine cups with screw caps (do not overfill). Include two empty cups per lot number used. Store and transport specimens at <-20°C, preferably on dry ice.

If air shipping to IBL: Package for transportation according to IATA regulations (<http://emergency.cdc.gov/labissues/pdf/shipping-samples.pdf>).

#	Submitter Specimen ID	Collected By	Collection		Tobacco Use Frequency / Known Chemical Exposure?	Gender	Date Of Birth
			Date	Time			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

COMMENTS/INSTRUCTIONS: _____

LABORATORY USE ONLY:	Received By: _____	Date Received: _____	# Samples: _____	2084 LIMS profile, CT Prof: <input type="checkbox"/>
	Carrier (FedEx, UPS, USPS): _____	Time Received: _____	Temperature: _____	3021 LIMS profile, CT Walk-In: <input type="checkbox"/>